

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	04/29/01
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	1127	08/15/01
FORMALITY REVIEW	<i>[Signature]</i>	1091	10-10-01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>		

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/23/01
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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 10/11  
 J.P. 8/15  
 859